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FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION	FEC IDENTIFICATION NUMBER ▼ C C00341396
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Columbia Road Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2016	
Mailing Address PO Box 53335		Amount 41.61	
City Washington	State DC	Zip Code 20009	Transaction ID : SE.11398
Purpose of Expenditure Internet Advertising	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2016	
Name of Federal Candidate HECK, JOE, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 3293.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Columbia Road Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2016	
Mailing Address PO Box 53335		Amount 41.61	
City Washington	State DC	Zip Code 20009	Transaction ID : SE.11399
Purpose of Expenditure Internet Advertising	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2016	
Name of Federal Candidate HECK, JOE, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 5168.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	83.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Matzie, Tom, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION		FEC IDENTIFICATION NUMBER ▼ C C00341396	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Facebook		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2016	
Mailing Address 1601 Willow Rd		Amount 83.30	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.11400
Purpose of Expenditure Internet Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2016	
Name of Federal Candidate HECK, JOE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PDQ Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2016	
Mailing Address 3820 S Valley View Blvd		Amount 2706.34	
City Las Vegas	State NV	Zip Code 89103	Transaction ID : SE.11401
Purpose of Expenditure Literature	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2016	
Name of Federal Candidate MASTO, CATHERINE CORTEZ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2789.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Matzie, Tom, , ,

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 5
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NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION		FEC IDENTIFICATION NUMBER ▼ C C00341396
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee PDQ Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016
Mailing Address 3820 S Valley View Blvd		Amount 2393.25
City Las Vegas	State NV	Zip Code 89103
Purpose of Expenditure Printing/Brochures	Category/Type	Transaction ID : SE.11403 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2016
Name of Federal Candidate MASTO, CATHERINE CORTEZ, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 7561.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Solidarity Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2016
Mailing Address 1090 Vermont Ave, NW Suite 300		Amount 212.50
City Washington	State DC	Zip Code 20005
Purpose of Expenditure Literature	Category/Type	Transaction ID : SE.11402 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2016
Name of Federal Candidate MASTO, CATHERINE CORTEZ, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 3252.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2605.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Matzzie, Tom, , ,

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Date

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10 / 22 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	5	OF	5
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION		FEC IDENTIFICATION NUMBER ▼ C C00341396																									
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M		D	D		Y	Y	Y	Y	Y	Y												
M	M		D	D		Y	Y	Y	Y	Y	Y																

Full Name of Payee TCN, Inc.		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> 09 / 29 / 2016		M	M		D	D		Y	Y	Y	Y	Y	Y												
M	M		D	D		Y	Y	Y	Y	Y	Y																
Mailing Address 560 South Vallie View Drive		Amount 333.33																									
City St George	State UT	Zip Code 84770	Transaction ID : SE.11395																								
Purpose of Expenditure Phone Calls	Category/Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> 10 / 01 / 2016		M	M		D	D		Y	Y	Y	Y	Y	Y												
M	M		D	D		Y	Y	Y	Y	Y	Y																
Name of Federal Candidate MASTO, CATHERINE CORTEZ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV																								
Calendar Year-To-Date Per Election for Office Sought		333.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶																								

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M		D	D		Y	Y	Y	Y	Y	Y												
M	M		D	D		Y	Y	Y	Y	Y	Y																
Mailing Address		Amount																									
City	State	Zip Code	Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	M		D	D		Y	Y	Y	Y	Y	Y												
M	M		D	D		Y	Y	Y	Y	Y	Y																
Purpose of Expenditure	Category/Type																										
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____																								
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶																								

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	333.33
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	7561.94

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Matzzie, Tom, , ,

[Electronically Filed]

Date

M	M		D	D		Y	Y	Y	Y	Y	Y

10 / 22 / 2016

Signature